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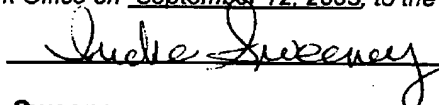
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TO: Mail Stop RCE
Commissioner for Patents
United States Patent and Trademark Office
ATTN: EXAMINER V. S. Chang
Fax No. 571/273-8300
Phone No. 571/272-1474

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 (Signature)

FROM: Ineke C. Sweeney
Fax No. (513) 634-6108
Phone No. (513) 634-9359

Listed below are the item(s) being submitted with this Certificate of Transmission:

- 1) RCE with Amendment (11 pgs.)
- 2) Fee Transmittal (1 pg.)
- 3) Extension of Time (1 pg.)
- 4)

Number of Pages Including this Page: 14

Inventor(s): Hamilton, et al.
S.N.: 09/716,740
Filed: 11/20/2000
Conf. No.: 8924
Case: 5922R2C3

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Comments:

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SEP 12 2005

PTO/SB/17 (12-04)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

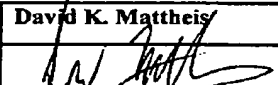
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<p align="center">FEE TRANSMITTAL for FY 2005</p> <p align="center">Patent fees are subject to annual revision. Effective December 8, 2004</p>	<p align="center">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/716,740</td></tr> <tr><td>Confirmation Number</td><td>8924</td></tr> <tr><td>Filing Date</td><td>November 20, 2000</td></tr> <tr><td>First Named Inventor</td><td>Hamilton</td></tr> <tr><td>Examiner Name</td><td>V. S. Chang</td></tr> <tr><td>Art Unit</td><td>1771</td></tr> <tr><td>Attorney Docket No.</td><td>5922R2C3L</td></tr> </table>	Application Number	09/716,740	Confirmation Number	8924	Filing Date	November 20, 2000	First Named Inventor	Hamilton	Examiner Name	V. S. Chang	Art Unit	1771	Attorney Docket No.	5922R2C3L
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TOTAL AMOUNT OF PAYMENT (\$910)															

<p align="center">METHOD OF PAYMENT</p> <p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company</p>	<p align="center">FEE CALCULATION (continued)</p> <p>5. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>Extension for reply within 1st month</td><td align="right">(\$120) <input checked="" type="checkbox"/></td></tr> <tr><td>Extension for reply within 2nd month</td><td align="right">(\$450) <input type="checkbox"/></td></tr> <tr><td>Extension for reply within 3rd month</td><td align="right">(\$1,020) <input type="checkbox"/></td></tr> <tr><td>Extension for reply within 4th month</td><td align="right">(\$1,590) <input type="checkbox"/></td></tr> <tr><td>Extension for reply within 5th month</td><td align="right">(\$2,160) <input type="checkbox"/></td></tr> <tr><td>Information Disclosure Statement fee</td><td align="right">(\$180) <input type="checkbox"/></td></tr> <tr><td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td><td align="right">(\$130) <input type="checkbox"/></td></tr> <tr><td>37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet</td><td align="right">(\$50) <input type="checkbox"/></td></tr> <tr><td>Non-English specification</td><td align="right">(\$130) <input type="checkbox"/></td></tr> <tr><td>Notice of Appeal</td><td align="right">(\$500) <input type="checkbox"/></td></tr> <tr><td>Filing a brief in support of an appeal</td><td align="right">(\$500) <input type="checkbox"/></td></tr> <tr><td>Request for oral hearing</td><td align="right">(\$1,000) <input type="checkbox"/></td></tr> <tr><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td align="right">(\$1,370) <input type="checkbox"/></td></tr> <tr><td>Other: RCE</td><td align="right">(\$ 790) <input checked="" type="checkbox"/></td></tr> </tbody> </table>	Fee Description	Fee Paid	Extension for reply within 1 st month	(\$120) <input checked="" type="checkbox"/>	Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other: RCE	(\$ 790) <input checked="" type="checkbox"/>
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<p align="center">FEE CALCULATION</p> <p>2. BASIC FILING FEE - Large Entity</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">FILING FEE</th> <th style="text-align: right;">SEARCH FEE</th> <th style="text-align: right;">EXAMINATION FEE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td align="right">Fee Paid</td> </tr> <tr> <td>Utility</td> <td align="right">(\$300)</td> <td align="right">(\$500)</td> <td align="right">(\$200)</td> <td align="right">(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td align="right">(\$200)</td> <td align="right">(\$100)</td> <td align="right">(\$130)</td> <td align="right">(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td align="right">(\$300)</td> <td align="right">(\$500)</td> <td align="right">(\$600)</td> <td align="right">(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td></td> <td align="right">(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table> <p>3. APPLICATION SIZE FEE:</p> <p>Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)</p> <p align="right">SUBTOTAL (2)+(3) (\$) <input type="checkbox"/></p> <p>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Extra Claims</th> <th style="text-align: right;">Fee from Below</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td align="right"><input type="checkbox"/></td> <td align="right">=</td> <td align="right"><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td align="right"><input type="checkbox"/></td> <td align="right">=</td> <td align="right"><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td align="right"><input type="checkbox"/></td> <td align="right">=</td> <td align="right"><input type="checkbox"/></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p>Fee Description</p> <p>Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p> <p align="right">SUBTOTAL (4) (\$) <input type="checkbox"/></p>		FILING FEE	SEARCH FEE	EXAMINATION FEE		Application Type				Fee Paid	Utility	(\$300)	(\$500)	(\$200)	(Total = \$1000) <input type="checkbox"/>	Design	(\$200)	(\$100)	(\$130)	(Total = \$430) <input type="checkbox"/>	Reissue	(\$300)	(\$500)	(\$600)	(Total = \$1400) <input type="checkbox"/>	Provisional filing fee				(Total = \$200) <input type="checkbox"/>		Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/>	=	<input type="checkbox"/>	<p align="right">SUBTOTAL (5) (\$) [910]</p>
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	David K. Mattheis	Registration No. (Attorney/Agent)	48,683
Signature		Telephone	(513) 634-9359
		Date	September 12, 2005

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.